

## Birthday Party Registration Form

Once you have selected a date for your party, you will need to send this completed registration form and a \$50 non-refundable deposit at least four weeks in advance to reserve your place. You will then receive a confirmation letter, invitations, directions, and other information.

Full payment must be made the Thursday before the event! Please, submit payment with your attendance form via mail, fax, or in person by 5PM on the Thursday before your party.

By Mail:  
Birthday Party Coordinator  
The Franklin Institute  
222 North 20th Street  
Philadelphia, PA 19103

By Fax: ATTN: Birthday Party Coordinator, 215.448.1188.

By Phone: Using a credit card, 215.448.1302.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Member? Y or N Member number: \_\_\_\_\_

Interested in food menu? Y or N

Bringing your own food? Y or N

Tell us more about your Party...

Party Date: 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

(Please choose two possible dates so that every effort may be made to accommodate you.)

Birthday Celebrant's Name: \_\_\_\_\_

Will be age: \_\_\_\_\_ Total number of guests: \_\_\_\_\_

Member ID number: \_\_\_\_\_

Are there any wheelchair users? Y or N

Circle one theater option: IMAX | Planetarium

Circle the party time slot you would like to reserve: 12PM | 2PM

Type of show: Imax: \_\_\_ Planetarium: \_\_\_ Show title: \_\_\_\_\_ Show time: \_\_\_\_\_

(This information is requested only if you have a specific preference and will only be used to help build your party schedule. If you are not sure of what will work best for your party, our staff will review your options with you once your registration form is received.)

Party Package:

Small up to 15 people - \$225 (members \$202) - ages 5-8 only

Standard 15-25 people - \$325 (members \$292)

Standard 25-35 people - \$450 (members \$405)

Large 35-50 people - \$675 (members \$607)

An additional fee of \$20 per person will be charged on the day of the party if the maximum # of guests is exceeded.

Total Amount: \$ \_\_\_\_\_

Minus \$50.00 Deposit

Amount Due: \$ \_\_\_\_\_

Circle one: Check | VS | MC | AE | DSC

Amount charged: \$ \_\_\_\_\_ Exp. \_\_\_\_\_

Account number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_